

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-021225**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **316**

Primary Registration District No. **190**

Registrar's No. **190**

**FILED MAY 21 1963**

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington Mo. - RURAL</b>		c. CITY OR TOWN <b>Farmington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME <b>Thomas Dell Memorial Home</b>		d. STREET ADDRESS (If outside, give location) <b>Route 2</b>	
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>E.</b> Last <b>Mitchell</b>		4. DATE OF DEATH Month <b>May</b> Day <b>16</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/31/1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Miner</b>	
11. BIRTHPLACE (City and state or country) <b>Belgrade, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Eidson</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Mitchell (deceased)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes World War I</b>	
16. SOCIAL SECURITY NO. <b>07</b>		17. INFORMANT <b>Mae Blaylock (Dau)</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition &amp; debilitation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>Primary Carcinoma of prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 wks</b> <b>6 mo</b> <b>2 yr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10 p.m.</b> Month, Day, Year <b>May 16, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Farmington Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>1960</b> to <b>5-16-1963</b> and last saw him alive on <b>May 16, 1963</b> Death occurred at <b>10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>M. Kubeso</b>	
22b. ADDRESS <b>Farmington Mo.</b>		22c. DATE SIGNED <b>5-18-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May, 19/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park View Cemetery</b>	23d. LOCATION (City, town, or county) <b>Near Farmington Missouri</b>
24. FUNERAL DIRECTOR <b>C.H. Cozean Farmington Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 18, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>			

MAY 28 1963

MAY 22 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.